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| APPLICATION NO. | FILING DATE | FIRST NAMED INVE | | | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 5 10/647,074 08/22/2003 TITLE OF INVENTION: SEMICONDUCTOR HETEROSTRUCTURE | | | Christopher Vineis | | | ASC-58A | 9702 |
| TITLE OF INVENTION: SE | EMICONDUCTOR HETER | OSTRUCTURES A | AND RELAT | red met | THODS | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FI | EE . | PU | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | | \$300 | \$1700 | 11/07/2005 |
| EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS |] . | |
| LEE, HSIEN MING | | 2823 | | | 257-018000 | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Goodwin Procter LLP | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| AmberWave Systems Corporation Salem, NH | | | | | | | |
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| Issue Fee XXX A check in the amount of the fee(s) is enclosed. | | | | | | | |
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| Authorized Signature | | | Date_October 2 4 , 2005 | | | | |
| Typed or printed name Mark L. Beloborodov | | | Registration No. 50,773 | | | | |
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Express Mailing Label No. EV631056023US 10/647,074 Application Serial Number Filing Date August 22, 2003 First Named Inventor Christopher Vineis Group Art Unit 2823 **SMITTAL Examiner Name** Lee, Hsien Ming **FORM** ASC-058A Attorney Docket No. Patent No. Not applicable Issue Date Not applicable ENCLOSURES (check all that apply) Fee Transmittal Form Copy of Notice to File Missing Notice of Appeal to Board of Patent Appeals and Interferences Parts of Application ☐ Check Attached Appeal Brief (in triplicate) Formal Drawing(s) Copy of Fee Transmittal Form Request For Continued Status Inquiry Amendment/Response Examination (RCE) Transmittal ☐ Preliminary ☐ After Final \boxtimes Return Receipt Postcard Affidavits/declaration(s) Power of Attorney Certificate of First Class Mailing Letter to Official (Revocation of Prior Powers) under 37 C.F.R. 1.8 Draftsperson including Drawings Terminal Disclaimer Certificate of Facsimile [Total Sheets ____] Transmission under 37 C.F.R. 1.8 \boxtimes Petition for Extension of Executed Declaration and Power Additional Enclosure(s) of Attorney for Utility or Design (please identify below) Time Patent Application PTOL-85 Fee Transmittal Form Information Disclosure Small Entity Statement (ii) Copy of PTOL-85 Fee Transmittal Statement Form PTO-1449 Form Copies of IDS CD(s) for large table or computer Citations Check in the amount of \$1,700 (iii) program Amendment After Allowance Certified Copy of Priority Document(s) \Box Request for Certificate of Correction Sequence Listing submission Paper Copy/CD Certificate of Correction (in Computer Readable Copy duplicate) ☐ Statement verifying identity of above SIGNATURE BLOCK CORRESPONDENCE ADDRESS Respectfully submitted, Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Date: October 24, 2005 Boston, MA 02109 Mark L. Beloborodov Reg. No. 50,773 Tel. No.: (617) 570-1000 Tel. No.: (617) 570-1352 Attorney for Applicants Fax No.: (617) 523-1231 Fax No.: (617) 523-1231 Goodwin Procter LLP Customer No. 051414 Exchange Place

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